aration of nails occurring simultaneously or following a photosensitivity skin eruption. Photoonycholysis usually involves fingernails, but may also involve sun-exposed toenails.

Superficial acneiform pustules may also be induced by tetracycline, apparently due to bacterial suppression and consequent overgrowth of the lipophilic yeast, Pityrosporum orbiculare, around hair follicles.

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REFERENCES

Tarnowski WM: Fixed-drug eruption due to tetracycline. Arch Dermatol 102:234, 1970

Savin JA: Current causes of fixed drug eruptions. Br J Dermatol 83:546-549, 1970

Csouka GW, Rosedale N, Walkden L: Balanitis due to fixed drug eruptions associated with tetracycline therapy. Br J Vener Dis 47:42-44, 1971

Frank SB, Cohen HJ, Minkin W: Photo-onycholysis due to tetracycline hydrochloride and doxycycline. Arch Dermatol 103:520-521, 1971

Frost P, Weinstein GD, Gomez EC: Methacycline and demeclocycline in relation to sunlight. JAMA 216:326-329, 1971
Weary PE, Russell CM, Butler HK: Acneiform eruption resulting from antibiotic administration. Arch Dermatol 100:179-183, 1969

Sunscreens

THE DEAL SUNSCREEN SHOULD protect against light rays of wavelengths between 2900 and 4250 Angstroms. These include short ultraviolet "sunburning" rays (2900 - 3200 Å), long ultraviolet rays (3200 - 4000 Å), and near visible rays (4000 -4250 Å). Long ultraviolet and near visible rays not only enhance sunburn and certain inherited photosensitivity diseases, but are the primary activating rays in most acquired photosensitivity diseases.

The sunscreen that presently seems most effective for protection against short ultraviolet light is a mixture of para-aminobenzoic acid (PABA) and alcohol. It gives a sustained high degree of protection and is non-toxic, stable, and cosmetically elegant. Other popular commercial agents either fail to provide significant protection or cause undesirable toxic effects.

Protection against long ultraviolet and near visible rays requires use of broader range sunscreens such as benzophenone, red veterinary petrolatum, titanium oxide or zinc oxide. However, repeated frequent application of these agents is necessary for sustained protection.

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REFERENCES

Willis I: Sunlight and the skin. JAMA 217: 1088-1093, 1971 Willis I, Kligman AM: Aminobenzoic acid and its esters: The quest for more effective sunscreens. Arch Dermatol 102:405-417, 1970 Pathak MA, Fitzpatrick TB, Frenk E: Evaluation of topical agents that prevent sunburn: The superiority of PABA and its ester in ethyl alcohol. N Engl J Med 280:1459-1463, 1969

Wilson WW, Quero R, Master KJ: The search for a practical sunscreen. South Med J 59:1425-1430, 1966

Katz SI: Relative effectiveness of selected sunscreens. Arch Dermatol 101:466-468, 1970

Blank H: Immediate cutaneous reaction to a sunscreen. Arch Dermatol 103:461, 1971

Dermatophyte Test Medium

DERMATOPHYTE TEST MEDIUM (DTM) is a new fungus culture agar which enables the non-mycologist to easily grow and recognize griseofulvin-sensitive superficial fungi which infect skin. The medium contains phenol red indicator which changes from yellow to red when exposed to alkaline metabolites produced by dermatophyte fungi. It also contains cyclohexamide, gentamicin sulfate, and chlortetracycline HCl to reduce growth of contaminant yeasts, bacteria and saprophytic fungi.

The initial enthusiastic reports about use of DTM have been followed by the realization that it is not as reliable as Sabouraud's antibiotic agar for isolation of monilia and dermatophyte fungi. However, DTM provides a useful screening test and will hopefully encourage the busy practitioner to do cultures of suspected cutaneous fungal infections.

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REFERENCES

Taplin D, Zaias N, Rebell G, et al: Isolation and recognition of dermatophytes on a new medium (DTM). Arch Dermatol 99:203-209,

Allen AM, Drewry RA, Weaver RE: Evaluation of two new color indicator media for diagnosis of dermatophytosis. Arch Dermatol 102:68-70, 1970

Merz WG, Berger CL, Silva-Hutner M: Media with pH indicators for the isolation of dermatophytes. Arch Dermatol 102:545-547, 1970 Rosenthal SA, Furnari D: Efficacy of Dermatophyte Test Medium. Arch Dermatol 104:486-489, 1971

Topical Urea

UREA IS A NONTOXIC, nonallergenic substance which increases water-binding capacity of stratum corneum, yielding softness and pliability of